

(FOR EMPLOYERS WITH A PRESCRIPTION DRUG PLAN)

COBRA RATES

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
 NEW JERSEY STATE HEALTH BENEFITS PROGRAM
 LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
 RATES EFFECTIVE 1/1/2007 TO 12/31/2007

PLAN/COVERAGE DESCRIPTION	COBRA RATES
<u>NJ PLUS-#001</u>	
Single	\$332.05
Member & Spouse/Domestic Partner	\$739.00
Family	\$859.84
Parent & Child	\$490.30
<u>TRADITIONAL-#002</u>	
Single	\$518.40
Member & Spouse/Domestic Partner	\$1,130.60
Family	\$1,321.58
Parent & Child	\$756.27
<u>AETNA, INC-#019</u>	
Single	\$345.34
Member & Spouse/Domestic Partner	\$762.68
Family	\$887.06
Parent & Child	\$509.92
<u>CIGNA HEALTHCARE-#020</u>	
Single	\$417.30
Member & Spouse/Domestic Partner	\$910.25
Family	\$1,085.63
Parent & Child	\$626.40
<u>OXFORD-#028</u>	
Single	\$365.90
Member & Spouse/Domestic Partner	\$804.90
Family	\$951.24
Parent & Child	\$548.87
<u>AMERIHEALTH-#033</u>	
Single	\$402.49
Member & Spouse/Domestic Partner	\$895.57
Family	\$1,042.96
Parent & Child	\$594.19
<u>HEALTH NET-#034</u>	
Single	\$389.72
Member & Spouse/Domestic Partner	\$848.95
Family	\$1,030.57
Parent & Child	\$597.84
<u>PRESCRIPTION DRUG PROGRAM-#201</u>	
Single	\$123.29
Member & Spouse/Domestic Partner	\$281.85
Family	\$296.35
Parent & Child	\$164.61

(FOR EMPLOYERS **WITHOUT** A PRESCRIPTION DRUG PLAN)

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PLAN/COVERAGE DESCRIPTION	COBRA RATES
<u>NJ PLUS-#001</u>	
Single	\$370.59
Member & Spouse/Domestic Partner	\$824.81
Family	\$959.67
Parent & Child	\$547.21
<u>TRADITIONAL-#002</u>	
Single	\$619.57
Member & Spouse/Domestic Partner	\$1,344.97
Family	\$1,573.91
Parent & Child	\$901.45
<u>AETNA, INC-#019</u>	
Single	\$472.51
Member & Spouse/Domestic Partner	\$1,022.11
Family	\$1,149.99
Parent & Child	\$647.68
<u>CIGNA HEALTHCARE-#020</u>	
Single	\$547.39
Member & Spouse/Domestic Partner	\$1,175.64
Family	\$1,354.64
Parent & Child	\$767.28
<u>OXFORD-#028</u>	
Single	\$440.90
Member & Spouse/Domestic Partner	\$969.86
Family	\$1,146.21
Parent & Child	\$661.32
<u>AMERIHEALTH-#033</u>	
Single	\$519.31
Member & Spouse/Domestic Partner	\$1,155.50
Family	\$1,345.63
Parent & Child	\$766.62
<u>HEALTH NET-#034</u>	
Single	\$509.90
Member & Spouse/Domestic Partner	\$1,110.81
Family	\$1,348.45
Parent & Child	\$782.27